PREPARING LONDON FOR THE EIP ACCESS AND WAITING TIME STANDARD

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EIP London Preparedness

• £200k per region to support regional programmes of work aimed at ensuring robust preparedness for introduction of the standard

• The Early Intervention in Psychosis (EIP) London programme was established to build system capacity and ensure service readiness for introduction of this standard.

• It is led by the Office of London CCGs (OLCCGs) and the London Mental Health Strategic Clinical Network.

• The programme will run until May 2016 and is coordinating work across CCGs, mental health providers, GPs, local authorities, higher education institutions and other key players within the mental health and social care sectors.
Overview of the London EIP Programme

Leadership and governance
- Clinical Reference Group
- Programme team
- Technical Reference Group
- Communications, engagement and information

Provider readiness
- Benchmarking
- Self-assessment preparedness tool
- Support and advice
- ‘Shadow live’
- Workforce development
- Monitoring and performance
Pathway readiness
  • Primary care development
  • Broader public sector

Psychosis-aware London
  • Research and insight
  • Oral histories
  • Public-facing information
  • Partnerships

Impact for CCGs
  • Readiness to go live
  • Sustainability
Provider and CCG readiness and support

- Site visits
- Remote support
- Readiness tool
- Communications
- Website
- Workshops
- Pathways to EIP services
- Workforce development (CBTp & FI training)
- GP engagement
- Shadow live
Workshops

- Scene-setting presentations on the A & W time standard
- Introduction to the London EIP programme and launch of readiness tool
- Presentations from trusts and CCGs on use of the Self-Assessment Readiness Tool, a focus on education and training from Health Education England, summary of Londoners’ perceptions of psychosis
- NHS Benchmarking Network
  - Overview of EIP services in London
  - Comparison of London’s EI services against the wider national stocktake, and update on the local picture across London’s EI teams.
- Updates on the national work, the Unify and Mental Health Services Data Set (MHSDS) data collections, progress made by various EI teams across London and the next steps for the London programme
A Clinical Reference Group (CRG) was established with objectives to advise, provide guidance and make recommendations based on clinical best practice to improve quality outcomes and patient experience through the introduction of the new standard.

To date the CRG has met five times and has offered clinical advice in a number of areas on the consequences - intended or otherwise - of the introduction of the standard. The CRG has monitored the system’s progress in meeting the standard and advised the appropriate bodies where issues have arisen which may influence the delivery of the standard. The CRG has developed a position statement on pathways into EIP services and FEP.
A Technical Reference Group (TRG) was established in order to address any technical queries or areas of uncertainty in operationalising the reporting of the standard. Information and Performance colleagues from each of the nine mental health trusts were invited to be part.

To date the TRG has met on two occasions and were joined at one of these meetings by colleagues from NHSE to discuss the ‘Guidance and FAQs for reporting against access and waiting time standards’. The TRG was able to feedback queries and suggest areas of the guidance that required further clarification.
Psychosis Aware London

A review of existing research found limited insight into Londoner’s level of awareness, knowledge or attitudes to psychosis - specifically about when and how to seek help.

An omnibus survey was developed to measure public perceptions in London:

• The understanding of psychosis (or relevant proxies, such as serious mental illness)
• The kinds of behaviours which might prompt people to seek help
• The actions which people might take.
Methodology

- Conducted by the TNS online panel OnLineBus, an internet omnibus able to survey a representative sample of Londoners.

- Online self-completion questionnaire between 18 and 22 June 2015.

- A sample of 1,002 residents of London boroughs aged 16+ were interviewed (n=1,002). The sample was weighted to represent the adult population of London.
QUESTIONS

1. **Attitudes and perceptions** (strength of agreement with each statement)
   - Overall perceptions about serious mental ill health
   - Psychosis
   - Seeking help and recovery

2. **Symptoms and behaviours which might prompt people to seek help**
   (likelihood of each)

3. **Categories of organisations to which they might turn for help and support**
   (likelihood of each).
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Main findings

• Positive and empathetic outlook on mental illness among London residents. Most believe that mental health is as important as physical health, and their thinking is in line with clinical opinion – that people will have better outcomes if there is early intervention in psychosis and other severe mental illnesses.

• Agreement with key policy priorities relating to mental healthcare in the NHS. For example, Londoners believe in the possibility of recovery from serious mental illness, and are supportive of the view that mental health is as important as physical health services.

• Respondents understood the need to get help early for mental health problems, and agreed that there should be maximum waiting time targets as there are for other health services, such as cancer.
• Differences in the views held by different groups. Women and older people stating higher awareness and giving more empathetic responses, with a possible age boundary in the mid-thirties. Those in the age range 16-24 seem to see mental health as less important and have a more pessimistic outlook than older people.

• Less clarity around psychosis and symptoms associated with it, although this might be because it is a clinical term, and perhaps not one people commonly use.

• Symptoms most likely to cause respondents to seek help are those commonly associated with psychosis and delusions and hearing voices were the ‘top two’.

• Strong pull to informal and non-clinical support, such as the voluntary sector, and preferred routes within the NHS were general practice (GPs), direct to mental health providers and NHS 111. Respondents rated emergency services, including Accident and Emergency (A&E) and 999, notably lower.
EIP service interface with other secondary mental health services
The future of the London EIP programme
Legacy and next steps

• **London profile** - The focus on data and the accompanying ‘profile raising’ of psychosis and importance of early intervention are likely to continue to challenge commissioning and provision. We might expect that more people will begin to seek help and that proportionately there will be an increased demand for NICE specific treatment - as well as skilled assessment. The flip side of this increase is the real possibility of sustainable recovery and therefore better psychosocial outcomes for Londoners.

• **A & W standard** - By engaging at operational and clinical levels, and rigorous use of benchmarking data, the programme has enabled consistency and common understanding across London. Through joint working with sister programmes in other regions, the programme also contributed to shared approach across the country.
• The **CRG** has agreed to continue work beyond completion of the programme, to retain oversight of the standard in London, and to coordinate leadership of clinical practice across London in areas related to EIP services, such as prescribing.

• Over the next year, the **TRG** will continue to operate as a ‘go to’ reference group for any future technical and logistical issues in relation to reporting the standard, particularly in the transfer from the Unify data set to the Mental Health Services Data Set (MHSDS).

• **Psychosis aware London** - further collaboration with local government and public services, and joint working with EIP programmes outside London to share developed public-facing tools for example the *Myhealthlondon* website.

• **Support and advice** - There is a clear need for ongoing support and advice as the standard goes ‘live’. New questions are likely to arise that will require formal response and additional site visits will be needed to continue to support teams. Shared learning across London and ongoing dialogue between trusts and commissioners will also need to continue after go live, and the programme will continue to provide this support through April and May.
• **Monitoring and performance** - Recording/reporting methods still require work and clarity. Trusts will need to continue working through the current technical challenges in pulling data from their IT systems. The ongoing role of the TRG will ensure there is capacity and capability in the system to ensure smooth transition to MHSDS and accurate data reporting. Additionally, clinicians and technicians within trusts are continuing to work together to ensure SNOWMED becomes operational.

• **Life stories “oral histories”** - Individuals with personal experience of psychosis and have used local psychosis services before – a key strength of the engagement. Through the collection of detailed narratives we can (collectively) seek deep insight into the lives of people with psychosis enabling ‘us’ to better understand their experiences and therefore allowing us to explore and develop new and better ways of supporting people – both within and outside of mental health services. This programme will remain live for the foreseeable future. We have completed the submission for ethical approval, and expect the interviews to progress late spring/early summer.
• **Pathway readiness**
  
  - **GP training** - This work is ongoing and will provide primary care (including partnering with local providers) with the capability to continue to raise awareness and hold training sessions to support GPs to refer appropriately.
  
  - **Broader public sector ‘early alerters’** - Opportunities are currently being explored with representatives from Adult Social Care, Public Health, and other areas on how to best educate and resource these early alerters.

• **Public facing information** - The programme is currently building a psychosis section on *Myhealthlondon* under the *Get help quickly for psychosis* campaign. The website will include details on the symptoms of psychosis, how to seek help, share people’s stories and provide a range of resources, including patient facing information about EIP services and treatment. These resources are currently being produced. The psychosis section on *Myhealthlondon* will provide an ongoing source of information for the public, early alters, mental health workers and GPs.
• **Partnerships** - In particular, voluntary sector agencies will continue to be engaged. For example, we will provide information about helplines and, where possible, local sources of support made accessible alongside NHS services in London through *Myhealthlondon*. Support is being provided to key mental health charities to ensure their information reflects the new standard.

• **Inputs for Sustainability and Transformation Plans** - Networks at the level of health economies, supported through local Sustainability and Transformation Plans, will be critical building blocks for delivery of the 5YFV.

• **Readiness to go live**
• **Workforce development**
• **Inputs for parity of esteem**
• **Delivering sustainable change**
Conclusion

Since early 2015, the EIP London programme has worked closely with frontline clinicians and managers across London’s EI services, 32 CCGs, Health Education England, NHS benchmarking, local government and the voluntary sector.

While the programme’s work will continue until May 2016, it will leave behind a strong legacy of resources, training and ongoing advice to support trusts and CCGs as they move into the live stage of delivering the new standard.

Early data from the shadow live period indicates that many EI teams across London are in an encouraging position to meet the new standard from 1 April 2016, however teams still face a variety of challenges across the coming months that may impact on performance:

- Lack of NICE commissioning guidance and accurate reporting of clock start/stops
- IT capability to accurately report data through both Unify and MHSDS
- Ongoing preparation for SNOWMED reporting
- Increased demand for assessments and the pressure it will place on existing resources
- Dealing with the movement of people across London boroughs and other regions and how this will impact performance
London EIP Programme Team

- Peter Kohn (Chair) – Director, Office of London CCGs
- David Monk (Programme Lead) – Partner, Symmetric Partnership
- Sarah Nield – Administrator, Symmetric Partnership
- Clive Caseley – Director, Verve Communications
- Sarah Gullo – Communications Advisor, Verve Communications
- Sarah Joy – Service User, Expert by Experience
- Henrietta Mbeah Bankas – Professional Advisor-Early Intervention Programme, Health Education England
- Nigel Coomber - Director, Intensive Support Team (Elective Care), NHS IMAS
- Claire Ruiz – London Mental Health SCN Senior Project Manager, NHS England
- Katie Horrell - Programme Manager, NHS England (London region)
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